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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	-or Other Than An A	Authorized Committee		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Health Care	Association Politic	cal Action Committee		
ADDRESS (number and street)	1201 L Street, NW			
Check if different				
than previously reported. (ACC)	Washington		DC L	20005
2. FEC IDENTIFICATION NU	JMBER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00006080	3.	IS THIS X NEW (N)	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15 Quarterly Report (C	01)			20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (	
October 15 Quarterly Report (C	Report for the	e: Convention (12C	) Special (	128)
January 31 Year-End Report (Y	r(E) Ele	ection on	D / Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election Report for the		Runoff (3	OR) Special (30S)
Termination Report (TER)	Ele	ection on	D / Y = Y = Y	in the State of
5. Covering Period 02		through	M M / D D / 02, 28,	2015
certify that I have examined th	is Report and to the best	t of my knowledge and belie	of it is true, correct and	complete.
Type or Print Name of Treasure	r Mr. Michael Wylie			
Signature of Treasurer Mr. M	Michael Wylie	[Electronically Fil	ed] Date 03	/ 20 / Y Y Y Y Y 2015
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the person	signing this Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Health Care Association Political Action Committee

Report Covering the Period: From: 02 01 2015 To: 02 28 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2015		213354.30
	(b) Cash on Hand at Beginning of Reporting Period	257408.86	
	(c) Total Receipts (from Line 19)	118817.62	215344.55
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	376226.48	428698.85
7.	Total Disbursements (from Line 31)	46744.24	99216.61
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329482.24	329482.24
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Health Care Association Political Action Committee

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neudle no)		0.00
8(a) and 18(b))	0.00	0.00
	mal and Levin Funds  hedule H5)	ral and Levin Funds

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	1744.24	2716.61
(add 21(a)(i), (a)(ii), and (b))▶	1744.24	2716.61
Transfers to Affiliated/Other Party	0.00	0.00
Committees  Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	40000.00	91500.00
Independent Expenditures	0.00	0.00
(use Schedule E)	7 7 7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other	5000.00	5000.00
Than Political Committees	3000.00	7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	5000.00	5000.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		200
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46744.24	99216.61
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	46744.24	99216.61
from Line 31)	40/44.24	99216.61

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	118817.62	211344.55
4. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113817.62	206344.55
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1744.24	2716.61
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1744.24	2716.61

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		6	OF		54
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Rosie Abad		Date of Receipt
Mailing Address 301 N. Linden		02 04 2015 .
City	State Zip Code	Transaction ID : C2934001
Cortez	CO 81321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Sedgwick County Nursing Home	Activity Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt
Mailing Address 15215 Wilden Drive		02 13 2015
City	State Zip Code	Transaction ID : C2935387
Urbandale	IA 50323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Iowa Health Care Association	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Steve Ackerson		Date of Receipt
Mailing Address 15215 Wilden Drive		02 13 2015
City	State Zip Code	Transaction ID : C2935399
Urbandale	IA 50323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	1
Iowa Health Care Association	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (ontional)		2000.00

Use separate schedule for each category of th Detailed Summary Pag

	FOR LINE	NOMBER:	PAGE	/	OF	54	
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ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Mark Anderson  Mailing Address 2452 N Broadway		Date of Receipt
Maining Address 2452 N DIOMOWAY		02 03 2015
City	State Zip Code	Transaction ID : C2933985
Council Bluffs	IA 51503-0432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Midlands Living Center	Owner/Administrator	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
Dirk Anjewierden		Date of Receipt
Mailing Address 2180 South 1300 East Suite 445		02 05 2015
City	State Zip Code	Transaction ID : C2927647
Salt Lake City	UT 84106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer	Occupation	1
Utah Health Care Association	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Brett P. Arceneaux		Date of Receipt
Mailing Address 40412 Sycamore Ave.		02 03 2015
City Gonzales	State Zip Code LA 70737	Transaction ID : C2933979
	Ln /0/3/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	]
Ascension Oaks Nursing & Rehab Center	Administrator	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	PAGE		8	OF		54				
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	and Statements may not be sold or used by any persing the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Ass	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Robert Asztalos  Mailing Address 5013 Centennial Oak C	Dircle	Date of Receipt
City Tallahassee	State Zip Code FL 32308	02 12 2015  Transaction ID : C2935088  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Asztalos & Associates  Receipt For:  Primary General  Other (specify) ▼	Occupation President  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Mark Bedinger  Mailing Address 1127 East 16th Avenue	)	Date of Receipt
City Denver  FEC ID number of contributing federal political committee.	State Zip Code CO 80218-1506	O2 13 2015  Transaction ID : C2935376  Amount of Each Receipt this Period  1000.00
Name of Employer Colavria Hospitality  Receipt For:  Primary General Other (specify) ▼	Occupation President  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Elton G. Beebe  Mailing Address 763 Avery Blvd N  City Ridgeland	State Zip Code MS 39157	Date of Receipt  02 12 2015  Transaction ID: C2935085  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Magnolia Management Corporation  Receipt For:	Occupation President  Aggregate Year-to-Date ▼	5000.00
Primary General Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (option	nal)	6500.00
TOTAL This Period (last page this line n	umber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15		16	3		17

	I Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Lyn C. Bentley  Mailing Address, 2212 Hidden Velley Lp.		Date of Receipt
Mailing Address 2212 Hidden Valley Ln		02 11 2015
City	State Zip Code	Transaction ID : C2939943
Silver Spring	MD 20904-5240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
American Health Care Association	Senior Director, Regulatory Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1041.66	
Full Name (Last, First, Middle Initial)  Roger Bernier		Date of Receipt
Mailing Address 18 Forestdale Dr		02 13 2015
City	State Zip Code	Transaction ID: C2935406
Whitehouse Station	NJ 08889-3383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2000.00
Name of Employer	Occupation	
Chelsea Senior Living	President	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 920 4th Street, SE		02 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Little Falls	State Zip Code MN 56345	Transaction ID : C2933968  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	1
Eldercare of Minnesota	President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	1500.00	
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional).	·····	4500.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Linda Black-Kurek Date of Receipt Mailing Address 7445 Liberty Woods Lane 2015 02 City Zip Code State Transaction ID: C2935091 OH Dayton 45459 Amount of Each Receipt this Period FEC ID number of contributing C 312.50 federal political committee. Name of Employer Occupation Liberty Health Care Corporation President Receipt For: Aggregate Year-to-Date ▼ Primary General 312.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ashley Blankenship Date of Receipt Mailing Address 1306 S. Donaghey 02 13 2015 City State Zip Code Transaction ID: C2935404 AR Conway 72934 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Southridge Village VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christine K. Boldt Date of Receipt Mailing Address 1534 Roving Hills Drive 2015 02 12 City Zip Code State Transaction ID: C2935090 MN Red Wing 55066-7144 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Benedictine Health Systems Vice President of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 5562.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kenneth Burgess Date of Receipt Mailing Address 3590 Lonesome Pine Road 03 2015 City Zip Code State Transaction ID: C2925039 NC Whitakers 27891 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Poyner Spruill LLP Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Carlson Date of Receipt Mailing Address 994 Sharon Lane 02 13 2015 City State Zip Code Transaction ID: C2935782 CA Ventura 93001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self-Employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia Cotter Date of Receipt Mailing Address 904 Meadow Ave. 2015 02 27 City Zip Code State Transaction ID: C2939972 MN Shoreview 55124 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 С federal political committee. Name of Employer Occupation CEO/Administrator Parkinson's Specialty Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 12 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kelli Cox Date of Receipt Mailing Address 6855 Road 41 02 2015 City State Zip Code Transaction ID: C2933963 CO Mancos 81328-7905 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Administrator C&G Health Care Management Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Greg Crist Date of Receipt Mailing Address 118 Cameron News 02 27 2015 City State Zip Code Transaction ID: C2939971 VA Alexandria 22314 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **AHCA** SVP, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Millard Cursey Date of Receipt Mailing Address 17 Windemere Pkwy. 2015 02 27 City State Zip Code Transaction ID: C2939988 MD Phoenix 21131 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation N/A Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 8000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Nader Damaghi Date of Receipt Mailing Address 10 Shore Drive 2015 13 City Zip Code State Transaction ID: C2939947 NY Kings Point 11024 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation First Quality Enterprises Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurence Daspit Date of Receipt Mailing Address 22 Sterling Dale Place 02 09 2015 City State Zip Code Transaction ID: C2939941 The Woodlands TX 77382 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Senior Care Centers **CFO** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rae Anne Davis Date of Receipt Mailing Address 720 Avila Drive 2015 02 27 City Zip Code State Transaction ID: C2939973 MD Davidson 21035 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation

2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

1000.00

Chief Strategic Officer

Aggregate Year-to-Date ▼

**AHCA** 

Receipt For:

Primary

Other (specify)

General

Use separate so for each catego Detailed Summ

	FOR LINE NUMBER: PAGE 14 OF 54									
schedule(s)	(check only	one)								
ory of the ary Page	<b>X</b> 11a	11b	11c	12						
ary rago	13	14	15	16	17					

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Jack Deutsch  Mailing Address 5 Fieldcrest St		Date of Receipt
		02 12 2015
City	State Zip Code NY 10952	Transaction ID : C2935087
Monsey	NY 10952	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	_
Cliffside Rehab &RHCC	Administrator	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  Nathan Dikes		Date of Receipt
Mailing Address 3005 S. Ponderosa Lane		02 06 7 2015
City	State Zip Code	Transaction ID : C2927786
Spokane	WA 99206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Sunshine Health Facilities, Inc.	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Greg Elliot		Date of Receipt
Mailing Address 1101 Johnson Road		M = M / D = D / Y = Y = Y
City	State Zip Code	02 12 2015 Transaction ID : C2935187
Charleson	WV 25314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	_
AMFM, LLC	Owner	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional).		6250.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 15 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jennifer Elliot Date of Receipt Mailing Address PO Box 2425 2015 27 City Zip Code State Transaction ID: C2940038 WV Charleston 25329-2425 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Farpointe Training LLC Equestrian Instructor Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lee Field Date of Receipt Mailing Address 1102 Commerce Street, Suite 500 02 03 2015 City State Zip Code Transaction ID: C2933981 WA Tacoma 98402 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Senior Services of America CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Irene Fleshner Date of Receipt Mailing Address 1688 Floyd Street 2015 02 18 City State Zip Code Transaction ID: C2939951 FL Sarasota 34239 Amount of Each Receipt this Period FEC ID number of contributing 550.00 С federal political committee. Name of Employer Occupation Genesis HealthCare Corporation Nurse Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 6050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 16 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Phillip Fogg Jr. Date of Receipt Mailing Address 4560 SE International Way Suite 100 2015 13 City Zip Code State Transaction ID: C2935412 OR Milwaukie 97222 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation CEO Marquis Companies, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. J. Wayne Franklin Date of Receipt Mailing Address 125 Springfield Ct 02 02 2015 City State Zip Code Transaction ID: C2924072 IL O Fallon 62269-2495 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Franklin Healthcare Consultants CEO/CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rita Fujisawa Date of Receipt Mailing Address 2992 Audubon Circle 2015 02 23 City State Zip Code Transaction ID: C2939660 CA Davis 95618 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation COO/VP California Assn of Health Facilities Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Amanda Gilliland Date of Receipt Mailing Address 680 E. Hospital Dr. 04 2015 City State Zip Code Transaction ID: C2934003 CO Cortez 81321 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Administrator Vista Grande Inn Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Giorgio Date of Receipt Mailing Address 4702 Chestnut Ridge NE 02 13 2015 City State Zip Code Transaction ID: C2935402 Cedar Rapids IΑ 52411 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation **Evergreen Estates** President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jeff L. Gregston Date of Receipt Mailing Address 711 S Broadway 2015 02 06 City Zip Code State Transaction ID: C2927785 OK Marlow 73055-3313 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Owner/Administrator Gregston Nursing Home Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Ben Griffin Jr Date of Receipt Mailing Address 522 Rawls Street 2015 27 City State Zip Code Transaction ID: C2940028 GA 31036-1954 Hawkinsville Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Administrator Community Health Systems Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gerald Hamilton Date of Receipt Mailing Address 7612 Rio Penasco Court NW 02 13 2015 City State Zip Code Transaction ID: C2935362 NM Albuquerque 87120 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **R&G** Healthcare Management Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven D. Heaney Date of Receipt Mailing Address 1116 9th Ave. 2015 02 13 City Zip Code State Transaction ID: C2935400 NJ Toms River 08757-2643 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Brandywine Senior Living Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

19 OF 54 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Steven D. Heaney Date of Receipt Mailing Address 1116 9th Ave. 2015 18 City Zip Code State Transaction ID: C2939955 Toms River NJ 08757-2643 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Vice President Brandywine Senior Living Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Higgins Date of Receipt Mailing Address 604 E 38th St 02 04 2015 City State Zip Code Transaction ID: C2934000 NM Farmington 87401-2306 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Cedar Ridge Inn, Inc. Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Stacey Hord Date of Receipt Mailing Address 730 Dodge Lane 2015 02 13 City State Zip Code Transaction ID: C2939950 AL Gadsden 35904 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation SavaSeniorCare Consulting, LLC VP of Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Joyce Humiston Date of Receipt Mailing Address 1004 E Main St 02 2015 02 City State Zip Code Transaction ID: C2933961 CO Cortez 81321-3326 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Administrator C & G Health Care Management Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sean Hurley Date of Receipt Mailing Address 74 Kingery Drive 02 06 2015 City State Zip Code Transaction ID: C2934015 TX El Paso 79902 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medline Industries Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott T. Hurst Date of Receipt Mailing Address 28311 North Main Street, Ste B101 09 2015 02 City State Zip Code Transaction ID: C2939942 ΑL Daphne 36526 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation HMR Veterans Services, Inc. Regional Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 6250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 21 OF

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Karen Hyatt Date of Receipt Mailing Address 5102 Scenic Dr 03 2015 City State Zip Code Transaction ID: C2933999 WA 98908-2229 Yakima Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Vice President **Hyatt Corporation** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dee K Jansen Date of Receipt Mailing Address 4378 Forest Ridge Drive 02 13 2015 City State Zip Code Transaction ID: C2935401 WI Green Bay 54313 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Harmony Living Centers LLC VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Holly Jarek Date of Receipt Mailing Address 118B Hollis St 03 2015 02 City State Zip Code Transaction ID: C2933984 MA Groton 01450-1355 Amount of Each Receipt this Period

			т			-	-			-	1.10	0.00	
SUBTOTAL of Receipts This Page (optional)			L	_	_	7	-	_	7	_	140	0.00	,
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625.00

С

Occupation Vice President

Aggregate Year-to-Date ▼

625.00

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

Receipt For:

Seven Hills Foundation

Other (specify)

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tandy Kephart Date of Receipt Mailing Address 409 Benedicta Ave. 2015 City State Zip Code Transaction ID: C2935410 CO 81082-2004 Trinidad Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Administrator Trinindad Inn Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chastity Kiefer Date of Receipt Mailing Address 39 Calle Miller 02 02 2015 City State Zip Code Transaction ID: C2933960 CO La Jara 81140 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Rio Grande Inn Director of Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rosemary C. Kilby Date of Receipt Mailing Address 1215 Carbon Canyon Rd 2015 02 13 City State Zip Code Transaction ID: C2935369 CA Chino Hills 91709-2353 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Administrator Landmark Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Steve Kuranz Date of Receipt Mailing Address 1400 8th Ave 03 2015 02 City Zip Code State Transaction ID: C2933987 WI Union Grove 53182-1063 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Hope Health & Rehabilitation Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Brett Lessley Date of Receipt Mailing Address PO Box 1023 02 24 2015 City State Zip Code Transaction ID: C2939699 OK Claremore 74018 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Griffin Management Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Lawrence Lopardo Date of Receipt Mailing Address 25117 SW Parkway 2015 02 01 City State Zip Code Transaction ID: C2922745 OR Wilsonville 97070 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation General Counsel Avamere Health Services, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

### SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Tim Lukenda  Mailing Address 111 West Michigan Street  City  Milwaukee  FEC ID number of contributing federal political committee.  Name of Employer  Extendicare Health Services  Receipt For:  Primary  General  Other (specify)	State Zip Code WI 53203  C  Occupation President & CEO  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  02 03 2015  Transaction ID : C2933998  Amount of Each Receipt this Period  1250.00
Full Name (Last, First, Middle Initial)  R. Peter Madel Jr.  Mailing Address 108 8th St NW  City  Waseca  FEC ID number of contributing federal political committee.  Name of Employer  Lake Shore Inn Nursing Home  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 56093-1912  C  Occupation CEO  Aggregate Year-to-Date ▼  275.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Christian Mason  Mailing Address 4 Monroe Parkway Suite I  City Lake Oswego  FEC ID number of contributing federal political committee.  Name of Employer Senior Housing Management, LLC Receipt For: Primary General Other (specify)	State Zip Code OR 97035  C  Occupation CEO  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  02 13 2015  Transaction ID: C2935405  Amount of Each Receipt this Period  1250.00
SUBTOTAL of Receipts This Page (optional)		2775.00
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any personal he name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Karen E. McCormack		Date of Receipt
Mailing Address 455 Reynolds Mill Rd		02 27 2015
City	State Zip Code	Transaction ID : C2939997
York	PA 17403-9316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	1
Wilmac Corporation	President/CEO	
Receipt For:		1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  3. Deborah Meade	1	Date of Receipt
Mailing Address PO Box 9057		02 13 2015
City	State Zip Code	Transaction ID : C2935374
Warner Robins	GA 31095-9057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	625.00
Name of Employer Health Management	Occupation CFO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6155 Cornerstone Center E Suite 220		02 13 2015
City	State Zip Code CA 92121-4737	Transaction ID : C2935388
San Diego	CA 92121-4737	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
LightBridge Hospice & Palliative Care	President/CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	5875.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gregory Miller Date of Receipt Mailing Address 11573 Stablewatch Court 2015 02 13 City Zip Code State Transaction ID: C2935366 OH Cincinnati 45249 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Vice President, Operations Health Care Management Group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ashlee Monarco Date of Receipt Mailing Address 211 E 3rd Ave 02 04 2015 City State Zip Code Transaction ID: C2934002 CO Mancos 81328 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Valley Inn Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cornelius Murray Date of Receipt Mailing Address 54 State Street 03 2015 02 City Zip Code State Transaction ID: C2933986 NY Albany 12207 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation O'Connell & Aronowitz Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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#### SCHEDULE A (FEC Form 3X) ITE

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information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	purp	ose o	f so	liciting	cor	tribut	ions	

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Dennis Murray Date of Receipt Mailing Address 1049 W. 5th Ave 2015 City State Zip Code Transaction ID: C2935368 ΑK Anchorage 99501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Administrator Heritage Place Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Timothy F Nicholson Date of Receipt Mailing Address 15 Ocean Harbour Cir 02 13 2015 City State Zip Code Transaction ID: C2935781 Ocean Ridge FL 33435-6207 Amount of Each Receipt this Period FEC ID number of contributing 833.25 federal political committee. Name of Employer Occupation Lyric Health Care President/CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 833.25 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas Pendergras Date of Receipt Mailing Address 1036 Liberty Park Dr 2015 02 12 Apt 47 City State Zip Code Transaction ID: C2935086 TX Austin 78746-6990 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Pebble Creek Nursing Center Nursing Home Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2083.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Russell V Peterson  Mailing Address 5281 Ventura Dr  City Fremont  FEC ID number of contributing federal political committee.  Name of Employer Nye Senior Living Receipt For:  Primary General Other (specify)	State Zip Code NE 68025-9779  C  Occupation Regional Vice President  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  18 2015  Transaction ID: C2939956  Amount of Each Receipt this Period  2500.00
Full Name (Last, First, Middle Initial)  Shelly Peterson  Mailing Address 1900 N. 11th Street  City  Bismarck  FEC ID number of contributing federal political committee.  Name of Employer  North Dakota LTC Association  Receipt For:  Primary  General  Other (specify)	State Zip Code ND 58501  C  Occupation President  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Thomas Pollock  Mailing Address 18375 83rd Ave N  City Maple Grove  FEC ID number of contributing federal political committee.  Name of Employer  Park River Estates Care Center  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55311  C  Occupation Administrator  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	3000.00
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) John Ponthie Date of Receipt Mailing Address 2723 Alvamar Dr. 2015 27 City State Zip Code Transaction ID: C2939992 Shreveport LA 71106 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation CEO Summit Health Resources, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Clifton Porter Date of Receipt Mailing Address 3929 Azalea Court 02 23 2015 City State Zip Code Transaction ID: C2939963 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing 384.62 federal political committee. Name of Employer Occupation American Health Care Association **SVP Government Relations** Receipt For: Aggregate Year-to-Date ▼ Primary General \* Payroll Deduction: \$192.31 Bi-Weekly 769.24 Other (specify) Full Name (Last, First, Middle Initial) **c.** Katherine Preede Date of Receipt Mailing Address 4482 Shady Point Place 02 27 2015 City Zip Code State Transaction ID: C2939987 Chantilly VA 20151 Amount of Each Receipt this Period FEC ID number of contributing 525.00 С federal political committee. Name of Employer Occupation **AHCA** Director, Membership & Business Develo Receipt For: Aggregate Year-to-Date ▼ Primary General 545.83 Other (specify) 2159.62 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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zotanou cummuny r ago		13		14		15		16	

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Jayne Prince  Mailing Address 806 S Street		Date of Receipt
City Neligh	State Zip Code NE 68756	02 13 2015  Transaction ID : C2935364  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	75.00
The Willows Assisted Living  Receipt For:  Primary General  Other (specify) ▼	Administrator  Aggregate Year-to-Date ▼  375.00	
Full Name (Last, First, Middle Initial)  B. Eli Quinones  Mailing Address 635 Boxcove Place		Date of Receipt
City Diamond Bar  FEC ID number of contributing federal political committee.	State Zip Code CA 91765	02 27 2015  Transaction ID : C2939993  Amount of Each Receipt this Period  500.00
Name of Employer Alliance Nursing Centers Inc. Receipt For:	Occupation CEO	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Jon Reardon  Mailing Address 1202 Weiss Street		Date of Receipt  02 02 2015
City Saginaw	State Zip Code MI 48602-5471	Transaction ID : C2933967  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer  Hoyt Nursing & Rehab Centre  Receipt For:  Primary General  Other (specify) ▼	Occupation Owner  Aggregate Year-to-Date ▼  275.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	850.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial)  Cassandra Rocke  Mailing Address 15230 Kingston Ct.		Date of Receipt
Foxridge Estates City	State Zip Code	02 02 2015 Transaction ID : C2933965
Brightonn  FEC ID number of contributing federal political committee.	CO 80602	Amount of Each Receipt this Period
Name of Employer  Genesis Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Director of Clinical Operations  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Wayne Sanner  Mailing Address 2506 Jadestone Ct		Date of Receipt  02 13 2015
City Fort Collins	State Zip Code CO 80525	Transaction ID : C2935375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Sava Senior Care Consulting, LLC	Occupation Division President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Philip Scalo		Date of Receipt
Mailing Address 100 N County Line Rd		02 13 2015
City Jackson	State Zip Code NJ 08527-1264	Transaction ID : C2935411  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer  Bartley Healthcare	Occupation President & CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1125.00
TOTAL This Period (last page this line numb	er only)	

#### SCHEDULE A (FEC Form 3X) ITEN

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MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	l `_	eck only 11a 13	y or	ne) 11b 14		11c 15	-	12 16		17
information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions											

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Joani Schelm Date of Receipt Mailing Address 6330 South 104th Street 2015 18 City State Zip Code Transaction ID: C2939959 ΝE Omaha 68127 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Director of Financial Services Vetter Health Services, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Floyd Schlossberg Date of Receipt Mailing Address 4200 W Peterson Ave # 140 02 02 2015 City State Zip Code Transaction ID: C2933969 IL 60646-6819 Chicago Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Alden Management Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ina Schlossberg Date of Receipt Mailing Address 4200 W Peterson Ave 02 2015 02 # 140 City State Zip Code Transaction ID: C2933970 IL Chicago 60646-6819 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation **Special Operations** Alden Management, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Russell Schwartz  Mailing Address 60 Cassandra Blvd., Unit 10  City  West Hartford  FEC ID number of contributing federal political committee.  Name of Employer  Avon Health Center & West Hartford Hea  Receipt For:  Primary  General  Other (specify)	State Zip Code CT 06107  C  Occupation VP/Director of Operations  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  02 21 2015  Transaction ID : C2938870  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Stuart H. Shapiro  Mailing Address 315 North 2nd Street  City  Harrisburg  FEC ID number of contributing federal political committee.  Name of Employer  Pennsylvania Health Care Association  Receipt For:  Primary  General  Other (specify)	State Zip Code PA 17101-1305  C  Occupation President  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Laurie Shepard  Mailing Address 6429 Earlington Ln  City  Lansing  FEC ID number of contributing federal political committee.  Name of Employer  Ingham Regional Assisted Living  Receipt For:  Primary  General  Other (specify)	State Zip Code MI 48917  C  Occupation Managing Partner  Aggregate Year-to-Date ▼  250.00	Date of Receipt  02 13 2015  Transaction ID : C2935407  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	2250.00
TOTAL This Period (last page this line numbe	r only)	

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34 OF 54 12 16 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Michael Shepard Date of Receipt Mailing Address 1803 Cordie Dr PO Box 125 2015 02 City State Zip Code Transaction ID: C2935890 AR Mena 71953-9340 Amount of Each Receipt this Period FEC ID number of contributing C 937.50 federal political committee. Name of Employer Occupation **Shepard Group** President Receipt For: Aggregate Year-to-Date ▼ Primary General 2187.50 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Siebel Date of Receipt Mailing Address 13185 W. Green Mountain Drive 02 13 2015 City State Zip Code Transaction ID: C2935373 CO Lakewood 80228 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Carriage Healthcare Companies, Inc. CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Howard Sollins Date of Receipt Mailing Address 120 E Baltimore St 80 2015 02 City State Zip Code Transaction ID: C2929609 MD **Baltimore** 21202-1605 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Ober Kaler Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2437.50 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any personance and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  David Stallard  Mailing Address 1305 West Causeway Approx  City	ach, Ste 1 State Zip Code	Date of Receipt  02 13 2015  Transaction ID: C2935365
Mandeville  FEC ID number of contributing federal political committee.  Name of Employer  Louisiana Extended Care Centers, LLC  Receipt For:  Primary General  Other (specify) ▼	C Occupation Managing Member Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period  1250.00
Full Name (Last, First, Middle Initial)  Martin Stott  Mailing Address 15035 Memorial Tower Dr  City  Baton Rouge  FEC ID number of contributing	State Zip Code LA 70810-8398	Date of Receipt    M
federal political committee.  Name of Employer Diversified Health Care  Receipt For:  Primary General Other (specify) ▼	C Occupation Owner/Operator Aggregate Year-to-Date ▼ 1250.00	1250.00
Full Name (Last, First, Middle Initial)  Stacy Suchla  Mailing Address 1236 Red Cedar Court  City Onalaska  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code WI 54650  C Occupation	Date of Receipt  02 27 2015  Transaction ID : C2940032  Amount of Each Receipt this Period  500.00
Grand View Care Center  Receipt For:  Primary General  Other (specify) ▼	Administrator  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Carla Tenbrook Date of Receipt Mailing Address PO Box 1308 2015 13 City Zip Code State Transaction ID: C2935413 AR Mena 71953 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Administrator Shepard Group LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matityahu Tenenbaum Date of Receipt Mailing Address 1524 53rd Street 02 13 2015 City State Zip Code Transaction ID: C2935363 NY Brooklyn 11219 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Kings Harbor Multicare Center CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Harvey Tettlebaum Date of Receipt Mailing Address 56295 Little Moniteau Road 2015 02 18 City Zip Code State Transaction ID: C2939954 MO California 65018-3069 Amount of Each Receipt this Period FEC ID number of contributing 221.00 С federal political committee. Name of Employer Occupation Husch & Eppenberger,LLC Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 221.00 Other (specify) 1721.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  Sam Thompson  Mailing Address 6502 Stinespring Dr		Date of Receipt
City Paducah FEC ID number of contributing	State Zip Code KY 42001-8676	02 13 2015  Transaction ID : C2935367  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer  Southgate Health Care  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Mark R. Todd  Mailing Address 2001 South Lee Street  City	State Zip Code	Date of Receipt  02 04 2015  Transaction ID : C2934004
Americus  FEC ID number of contributing federal political committee.  Name of Employer	GA 31709 C Occupation	Amount of Each Receipt this Period  250.00
Magnolia Manor, Inc.  Receipt For:  Primary General  Other (specify) ▼	President/CEO  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) Travis Tomlinson  Mailing Address 3320 Thomas Rd  City Raleigh	State Zip Code NC 27607	Date of Receipt  02 27 2015  Transaction ID : C2939970  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  UHS-Pruitt  Receipt For:  Primary  General  Other (specify)	Occupation Nursing Home Administrator  Aggregate Year-to-Date   500.00	500.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	tion Political Action Committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  James W. Unverferth  Mailing Address 1100 Shawnee Rd  City Lima  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code OH 45805-3529  C Occupation	Date of Receipt  02 13 2015  Transaction ID : C2935389  Amount of Each Receipt this Period  1250.00
HCF Management, Inc.  Receipt For:  Primary General  Other (specify) ▼	President & CEO  Aggregate Year-to-Date ▼  2500.00	]
Full Name (Last, First, Middle Initial)  B. Christopher J. Urban  Mailing Address PO Box 75		Date of Receipt  02 06 2015
City Solana Beach  FEC ID number of contributing federal political committee.  Name of Employer Ambrose Capital	State Zip Code CA 92075-0075  C Occupation Director	Transaction ID : C2934016  Amount of Each Receipt this Period  500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	]
Full Name (Last, First, Middle Initial)  C. Robert Van Dyk  Mailing Address 304 South Van Dien Avenue		Date of Receipt    M = M / D = D / Y = Y = Y = Y   Y = Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y   Y = Y
City Ridgewood  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NJ 07450-5200  C Occupation	Transaction ID : C2933994  Amount of Each Receipt this Period  5000.00
Van Dyk Health Care  Receipt For:  Primary General  Other (specify) ▼	President/CEO  Aggregate Year-to-Date ▼  5000.00	]
SUBTOTAL of Receipts This Page (optional)		6750.00

TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tracy M. Veal Date of Receipt Mailing Address 508 Barkwood Ct. 2015 13 City State Zip Code Transaction ID: C2939949 GA Jackson 30233 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Medline Industries Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jack Vetter Date of Receipt Mailing Address 20220 Harney Street 02 04 2015 City State Zip Code Transaction ID: C2934005 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Vetter Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John A. Vinson Date of Receipt Mailing Address 5401 River Creek Ct. 2015 02 27 City State Zip Code Transaction ID: C2939989 KY Harrods Creek 40027 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation President Health Systems of Kentucky Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 4050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associat	ion Political Action Committee	
Full Name (Last, First, Middle Initial)  James R. Westbury Sr.  Mailing Address, 222 McDanaugh Rd		Date of Receipt
Mailing Address 922 McDonough Rd		02 27 2015
City	State Zip Code	Transaction ID : C2939991
Jackson	GA 30233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	240.75
Name of Employer	Occupation	
Westbury Medical Care Home Inc	President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.75	
Other (specify)	240.73	
Full Name (Last, First, Middle Initial)  Frank Wronski		Date of Receipt
Mailing Address 1539 Lochridge		02 272015
City	State Zip Code	Transaction ID : C2939969
Bloomfield Hills	MI 48302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Medilodge Group	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. The Five Seas, LLC		Date of Receipt
Mailing Address 3220 W Feather Sound Ct		02 02 2015
City	State Zip Code AZ 85086-1006	Transaction ID : C2933972
Anthem	AZ 85086-1006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1200.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1200.00	PARTNERSHIPpartners below if itemized
SUBTOTAL of Receipts This Page (optional)		2440.75
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cathy Williams Date of Receipt Mailing Address 826 W Desmond Street 02 2015 City State Zip Code Transaction ID: C2933973 Winslow ΑZ 86047-2321 Amount of Each Receipt this Period FEC ID number of contributing C 1200.00 federal political committee. Name of Employer Occupation CEO Winslow Campus of Care Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peachtree Mena, LLC Date of Receipt Mailing Address 1803 Cordie Drive 02 03 2015 City State Zip Code Transaction ID: C2933988 AR Mena 71953 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Shepard Date of Receipt Mailing Address 1803 Cordie Dr 03 2015 PO Box 125 02 City State Zip Code Transaction ID: C2933989 AR Mena 71953-9340 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation President **Shepard Group** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 2187.50 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) LAG Associates LP Managers Date of Receipt Mailing Address 8028 Ritchie Hwy Ste 210 03 2015 City Zip Code State Transaction ID: C2933992 MD Pasadena 21122-1075 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gary Attman Date of Receipt Mailing Address 8028 Ritchie Highway 02 03 2015 City State Zip Code Transaction ID: C2933993 MD Pasadena 21122-1069 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation LAG Associates LP Managers Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) Weisman Associates LLC Date of Receipt Mailing Address 5310 NW 33rd Ave 2015 02 04 Ste 211 City State Zip Code Transaction ID: C2934006 FL Fort Lauderdale 33309-6319 Amount of Each Receipt this Period FEC ID number of contributing 639.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 639.00 Other (specify) 1889.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pers	
<u> </u>	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Barton D. Weisman		Date of Receipt
Mailing Address 5310 NW 33rd Ave		M = M / D = D / Y = Y = Y
Ste 211 City	State Zip Code	02 04 2015 Transaction ID : C2934007
Ft Lauderdale	FL 33309-6319	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 639.00
Name of Employer Millennium Health Systems	Occupation Chairman	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 639.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)  3. Millenium Health Systems LLC dba	a Nuvision Management	Date of Receipt
Mailing Address 5310 NW 33rd Ave		M = M / D = D / Y = Y = Y
Ste 211 City	State Zip Code	02 05 2015 Transaction ID : C2934012
Fort Lauderdale	FL 33309-6319	Transaction ID : C2934012  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	639.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 639.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial)  C. Andrew S Weisman		Date of Receipt
Mailing Address 5310 NW 35th Ave Ste 211		02
City Fort Lauderdale	State Zip Code FL 33309-6314	Transaction ID : C2934013  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	639.00
Name of Employer	Occupation	-
NuVision Management	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General Other (specify) ▼	639.00	*
SUBTOTAL of Receipts This Page (optional)		639.00
TOTAL This Period (last page this line number	r only)	114607.62

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 44 OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only one)		
	Detailed Summary Page			
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Any information copied from such Reports and State or for commercial purposes, other than using the national states of the commercial purposes.				
NAME OF COMMITTEE (In Full)				
American Health Care Association	n Political Action Co	mmittee		
Full Name (Last, First, Middle Initial)				
A. American Express			Date of	Disbursement
Mailing Address PO Box 53773			02	09 2015
City	State Zip Code		Transa	ection ID : D164887
Phoenix	AZ 85072-3773			10101 ID : D104001
Purpose of Disbursement Credit Card Processing Fees			Amount	of Each Disbursement this Period
Candidate Name		Category/ Type		17.60
Office Sought: House Disburs	ement For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of	Disbursement
B. American Express				
Mailing Address PO Box 53773			02	12 2015
City	State Zip Code		Transa	action ID : D164888
Phoenix Purpose of Disbursement	AZ 85072-3773	<u> </u>		
Credit Card Processing Fees			Amount	of Each Disbursement this Period
Candidate Name		Category/ Type		8.00
Office Sought: House Disburs	ement For:			
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. American Express			Date of	Disbursement
Mallian Address DO D. Torre			M M M	/ D D / Y Y Y Y
Mailing Address PO Box 53773			02	17 2015
City	State Zip Code		_	
Phoenix	AZ 85072-3773		Transa	action ID : D164889
Purpose of Disbursement Credit Card Processing Fees				
Candidate Name			Amount	of Each Disbursement this Period
Candidate Name		Category/ Type		552.00
Office Sought: House Disburs	ement For:	1,460		
Senate	Primary General			
President	Other (specify)			
State: District:	_			
SUBTOTAL of Disbursements This Page (optional)				577.60
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TOTAL This Period (last page this line number onl	y)			

S	CHEDULE B (FEC Form 3X)			FOR	LINE N	NUMBER:			PAG	E 45	OF 54
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$\setminus$	NAME OF COMMITTEE (In Full)										
	American Health Care Association	Politica	I Action Cor	nmittee	<del>-</del>						
^	Full Name (Last, First, Middle Initial)					Deta	( Diele	×0.0:=:			
A.	American Express					Date of	_	rseme		YY	V
	Mailing Address PO Box 53773					02	]	23	/   1	2015	
	City	State	Zip Code			Trans	action	ו י חו	D164890		
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	Purpose of Disbursement Credit Card Processing Fees					Amoun	t of Ea	ch Di	sbursem	ent this	Period
	Candidate Name			Catego Type					7		1.60
	Office Sought: House Disburser Senate	nent For: Primary	General								
	President	Other (spe	cify) 🔻								
_	State: District:										
R	Full Name (Last, First, Middle Initial)  BB&T Merchant Services					Date of	f Diehu	ream	ant		
υ.	BB& I Werchant Services					M M		D		YY	V
	Mailing Address PO Box 200					02		17	/   1	2015	
	City S Wilson	State NC	Zip Code 27894-0200			Trans	saction	ID : I	D164891		
	Purpose of Disbursement Credit Card Processing Fees			· ·		Amoun	t of Ea	ch Di	sbursem	ent this	Period
	Candidate Name			Catego Type						77	75.23
	Office Sought: House Disburser	nent For:									
	Senate	Primary	General								
	President State: District:	Other (spe	cify) 🔻								
_	Full Name (Last, First, Middle Initial)										
C.	BB&T					Date of					
	Mailing Address 1099 New York Ave NW					02	/	23	/ Y	2015	Y
	Ste 100 City	State	Zip Code			Tra	2041	י י חו	D164995		
	Washington	DC	20001-4452			ırans	action	ו : טו	D164885		
	Purpose of Disbursement Bank Fees										
	Candidate Name			Catego Type		Amoun	t of Ea	ch Di	sbursem		5.23
	Office Sought: House Disburser	nent For:		.,,,,,,			- 1		,		
	Senate	Primary	General								
	President	Other (spe	cify) ▼								
	State: District:										
H	SUBTOTAL of Disbursements This Page (optional)					Ë	- 7	-	7	110	2.06
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 4	46 OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	1011152111	.5 51 67
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NAME OF COMMITTEE (In Full)	o and address of any points	<u>a. committee to</u>	CONOR CONTRIBUTIONS WORN COOK	
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)				
A. BB&T			Date of Disbursement	Y
Mailing Address 1099 New York Ave NW Ste 100			02 23 20	
,	State Zip Code		Transaction ID : D164886	
Washington Purpose of Disbursement	DC 20001-4452		Transaction is . 510-1000	
Bank Fees			Amount of Each Disbursement t	this Period
Candidate Name		Category/		
		Type		64.58
Office Sought: House Disbursen				
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursement	
			M M / D D / Y Y	YY
Mailing Address				
City	State Zip Code			
Purpose of Disbursement			Amount of Each Disbursement	this Period
Candidate Name		Category/		
		Type		
	nent For: Primary General Other (specify)			
State: District:	(-  y) <b>\</b>			
Full Name (Last, First, Middle Initial)			5. (5.)	
C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y	Y
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each Disbursement	this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursem	nent For:		7	
	Primary General			
	Other (specify) ▼			
State: District:				
CURTOTAL of Dishurasements This Dane (actions)				64.58
SUBTOTAL of Disbursements This Page (optional)		·······		
TOTAL This Period (last page this line number only).				1744.24

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 47 OF 54
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	/ Clieck Only	,	—
	Detailed Summary Page	21b		24 25 26 28c 29 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Co	mmittee		
Full Name (Last, First, Middle Initial)	1: D: " DAG (OHO D	01 D DAO)	5 . (5)	
A. Committee for Hispanic Causes/Building Our Leade	ership Diversity PAC (CHC BC	JLD PAC)	Date of Disbursement	
Mailing Address P.O. Box 70980			02 20	2015
Maining / Main 335 1 . 3. Box / 0300			02 20	2010
City	State Zip Code		Transaction ID : D16	:4624
Washington	DC 20024		Transaction iD . DTC	14021
Purpose of Disbursement Contribution			Amount of Each Disbu	recoment this Period
Candidate Name			Amount of Lacif Disbt	irsement this Fellou
		Category/ Type		5000.00
Office Sought: House Disburse	ment For:	21	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. FORWARD TOGETHER PAC			Man / Dan /	Y Y Y Y
Mailing Address 1751 POTOMAC GREENS DRIV	Ξ		02 20	2015
•	State Zip Code		Transaction ID : D16	64620
ALEXANDRIA Purpose of Disbursement	VA 22314			
Contribution			Amount of Each Disbu	rsement this Period
Candidate Name		Category/		1 1 1 1 1 1
		Type		1500.00
	ment For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Office (specify)			
Full Name (Last, First, Middle Initial)				
C. NEW PAC			Date of Disbursement	
			M M / D D /	YIYIY
Mailing Address P.O. BOX 7480			02 20	2015
City	State Zip Code			
VISALIA	CA 93290		Transaction ID : D16	64622
Purpose of Disbursement				
Contribution			Amount of Each Disbu	rsement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disburse	ment For:	Туре		7
Senate Seagni.	Primary General			
President	Other (specify) ▼			
State: District:	·			
				44500.00
SUBTOTAL of Disbursements This Page (optional)		······		11500.00
TOTAL This Period (last page this line number only	1	L .		

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:	PAGE 48 OF 54
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		Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,			
American Health Care Association	n Politica	LAction Com	mittee		
Full Name (Last, First, Middle Initial)	_			5	
A. ANNA ESHOO FOR CONGRES	S			Date of Disburser	ment
Mailing Address 555 Capitol Mall, Suite 1425				02 04	
The state of the s				02	20,0
City	State	Zip Code		Transaction ID :	D164453
Sacramento	CA	95814		Transaction ib	. 0104433
Purpose of Disbursement Contribution				Amount of Each I	Disbursement this Period
Candidate Name			Cotogony		
Rep. Anna G. Eshoo			Category/ Type		2500.00
Office Sought: House Disbur	sement For:	2016			
Senate	Primary	General			
State: CA District: 18	Other (spe	city) 🔻			
Full Name (Last, First, Middle Initial)					
B. CARLOS CURBELO CONGRES	SS			Date of Disburser	nent
O/MEGG GONDEEG GONGNEG	,0			M M / D	D / Y Y Y Y Y
Mailing Address 8770 SUNSET DRIVE #355				02 20	2015
0.1	01-1-	7'- 0-1-			
City MIAMI	State FL	Zip Code 33173		Transaction ID	: D164617
MIAMI Purpose of Disbursement	FL	33173		Transaction ID	: D164617
MIAMI Purpose of Disbursement Contribution					: D164617  Disbursement this Period
MIAMI Purpose of Disbursement Contribution Candidate Name			Category/		Disbursement this Period
MIAMI Purpose of Disbursement Contribution Candidate Name Rep. Carlos Curbelo	FL	33173	Category/ Type		
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought: House Disburs	FL sement For:	33173			Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought: House Disburs	FL sement For:	33173  2016  General			Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate  Disburs	FL sement For:	33173  2016  General			Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)	FL sement For:	33173  2016  General		Amount of Each I	Disbursement this Period 1000.00
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:    House   Disbursement	FL sement For:	33173  2016  General			Disbursement this Period 1000.00
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE	FL sement For:	33173  2016  General		Amount of Each I	Disbursement this Period 1000.00  ment
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)	FL sement For:	33173  2016  General		Amount of Each I	Disbursement this Period 1000.00  ment
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2	sement For: Primary Other (spe	33173  2016		Date of Disburser	Disbursement this Period 1000.00  ment 2015
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence	sement For: Primary Other (spe	33173  2016		Amount of Each I	Disbursement this Period 1000.00  ment 2015
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2	sement For: Primary Other (spe	33173  2016		Date of Disburser	Disbursement this Period 1000.00  ment 2015  D164618
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement	sement For: Primary Other (spe	33173  2016	Type	Date of Disburser	Disbursement this Period 1000.00  ment 2015
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline	sement For: Primary Other (spe	33173  2016		Date of Disburser	Disbursement this Period 1000.00  ment 2015  D164618
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House  Disbursement Disbursement  Candidate Name  Rep. David Cicilline	sement For:  Primary Other (spe	33173  2016	Type  Category/	Date of Disburser	Disbursement this Period  1000.00  ment  2015  Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  Senate President President State: FL  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House Senate	State RI  Sement For:  Primary Other (spe	33173  2016	Type  Category/	Date of Disburser	Disbursement this Period  1000.00  ment  2015  Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House Senate President  Disbursement Senate President	sement For:  Primary Other (spe	33173  2016	Type  Category/	Date of Disburser	Disbursement this Period  1000.00  ment  2015  Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  Senate President President State: FL  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House Senate	State RI  Sement For:  Primary Other (spe	33173  2016	Type  Category/	Date of Disburser	Disbursement this Period  1000.00  ment  2015  Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House Senate President  Disbursement Senate President	State RI  Sement For: Primary Other (spe	33173  2016	Type  Category/ Type	Date of Disburser	Disbursement this Period  1000.00  ment  2015  Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  Rep. Carlos Curbelo  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. CICILLINE COMMITTEE  Mailing Address 102 Waterman St, Suite 2  City Providence Purpose of Disbursement Contribution  Candidate Name  Rep. David Cicilline  Office Sought:  House Senate President State: RI District: 01	State RI  Sement For: Primary Other (spe	33173  2016	Type  Category/ Type	Date of Disburser	Disbursement this Period 1000.00  ment 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 49 C		GE 49 OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b	22 🗙 23 24	25 26
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Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)			D ( D: 1	
A. MATSUI FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 1738			02 05	2015
2nd Floor			02 00	
City	State Zip Code		Transaction ID : D16446	24
SACRAMENTO	CA 95812		Transaction ID . D10440	)
Purpose of Disbursement Contribution			Amount of Each Disburse	ment this Period
Candidate Name		Category/		2500.00
Rep. Doris Matsui		Туре	7	2300.00
Office Sought: House Disburse Senate	ment For: 2016 Primary General			
President	Other (specify) ▼			
State: CA District: 06				
Full Name (Last, First, Middle Initial)				
B. PERLMUTTER FOR CONGRESS	}		Date of Disbursement	Y
Mailing Address 3440 YOUNGFIELD STREET #264			02 20	2015
City WHEAT RIDGE	State Zip Code CO 80033		Transaction ID : D16461	19
Purpose of Disbursement Contribution			Amount of Each Disburse	ment this Period
Candidate Name		Category/		4500.00
Rep. EDWIN G PERLMUTTER		Type		1500.00
	ment For: 2016			
Senate President	Primary General			
State: CO District: 07	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. GENE GREEN CONGRESSIONA	L CAMPAIGN		Date of Disbursement	
				YYYY
Mailing Address PO BOX 16128			02 20	2015
City	State Zip Code		Transaction ID : D16464	10
HOUSTON	TX 77222		Transaction ID: D16464	<del>1</del> 9
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disburse	ment this Period
Rep. Gene Green		Category/ Type		1000.00
	ment For: 2016	Турс		
Senate	Primary General			
President	Other (specify) ▼			
State: TX District: 29				
SUBTOTAL of Disbursements This Page (optional).				5000.00
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TOTAL This Period (last page this line number only	r)	·····		

SCHEDULE B (FEC Form 3X)				OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
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NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Cor	nmittee		
Full Name (Last, First, Middle Initial)				
A. KRISTI FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 852			02 13 2015	
City	State Zip Code		Transaction ID - D464502	
Sioux Falls	SD 57101		Transaction ID: D164523	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period	od
Candidate Name		Category/	1500.00	
Rep. Kristi Noem		Туре	1500.00	
	ment For: 2016 Primary General			
President	Other (specify) ▼			
State: SD District: 00				
Full Name (Last, First, Middle Initial)				
B. COMMITTEE TO RE-ELECT LINE	OA SANCHEZ		Date of Disbursement	
Mailing Address 410 1ST ST SE			02 04 2015	
City WASHINGTON	State Zip Code DC 20003		Transaction ID : D164452	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Perio	od
Candidate Name		Cotogony		
Rep. Linda T. Sanchez		Category/ Type	1000.00	
	ment For: 2016			
	Primary General			
President	Other (specify) ▼			
State: CA District: 38				
Full Name (Last, First, Middle Initial)  C. MIKE THOMPSON FOR CONGRE	SS		Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address 5429 Madison Avenue			02 04 2015	
City	State Zip Code		Transaction ID : D164451	
Sacramento Purpose of Disbursement	CA 95841			
Contribution				
Candidate Name			Amount of Each Disbursement this Perio	od
Rep. Mike Thompson		Category/ Type	1500.00	` I
	ment For: 2016	.,,,,,		
Senate	Primary General			
President	Other (specify) ▼			
State: CA District: 05				
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 51 OF 54		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)				
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or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	D !''   A ''   O	***			
$  \hspace{.05cm}  angle$ American Health Care Association	Political Action Col	mmittee			
Full Name (Last, First, Middle Initial)					
A. RYAN FOR CONGRESS, INC.			Date of Disbursement		
·			M M / D D / Y Y Y Y		
Mailing Address P. O. Box 1488			02 04 2015		
City	State Zip Code				
Janesville	WI 53547		Transaction ID : D164449		
Purpose of Disbursement					
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Rep. Paul D. Ryan  Office Sought: House Disburse	ment For: 2016	Туре	7		
Senate Seagni.	Primary General				
President	Other (specify) ▼				
State: WI District: 01					
Full Name (Last, First, Middle Initial)					
B. RYAN FOR CONGRESS, INC.			Date of Disbursement		
Moiling Address B. O. Boy 4400			02 04 2015		
Mailing Address P. O. Box 1488			02 04 2015		
City	State Zip Code		Transaction ID : D164450		
Janesville	WI 53547		Transaction id . D104430		
Purpose of Disbursement Contribution			Amount of Each Diphyraamont this Pariod		
Candidate Name			Amount of Each Disbursement this Period		
Rep. Paul D. Ryan		Category/ Type	5000.00		
	ment For: 2016	71	,		
Senate	Primary				
President	Other (specify) ▼				
State: WI District: 01					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
c. RICHARD E NEAL FOR CONGRE	SS COMMITTEE				
Mailing Address 76 MAGNOLIA TERRACE			02 20 2015		
City	State Zip Code		Transaction ID : D164616		
SPRINGFIELD Purpose of Disbursement	MA 01108				
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Rep. Richard E. Neal		Type	1000.00		
	ment For: 2016				
Senate President	Primary General				
State: MA District: 01	Other (specify) ▼				
S.S.C. IVIA DIGITION UT					
SUBTOTAL of Disbursements This Page (optional)			11000.00		
TOTAL This Period (last page this line number only	)				

SCHEDULE B (FEC Form 3X)				PAGE 52 OF 54
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	s) (check only one)		. 🖂
	Detailed Summary Page	21b	22 🗙 23 2	
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NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	nmittee		
Full Name (Last, First, Middle Initial)			Data of Diahamaanant	
A. PRICE FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. Box 425			02 13	2015
City	State Zip Code		Transaction ID - D40	1504
Roswell	GA 30077		Transaction ID : D164	1524
Purpose of Disbursement Contribution			Amount of Each Disbu	sement this Period
Candidate Name		Category/		1000.00
Rep. Thomas Edmunds Price		Туре		1000.00
Office Sought:    House   Disburse	ment For: 2016 Primary General Other (specify) ▼			
State: GA District: 06				
Full Name (Last, First, Middle Initial)				
B. PEOPLE FOR PATTY MURRAY			Date of Disbursement	
Mailing Address PO BOX 3662			02 13	2015
SEATTLE	State Zip Code WA 98124		Transaction ID : D16	4522
Purpose of Disbursement Contribution			Amount of Each Disbu	sement this Period
Candidate Name		Category/		1000.00
Sen. Patty Murray		Туре		1000.00
	ment For: 2016 Primary General			
President	Other (specify)			
State: WA District:	•			
Full Name (Last, First, Middle Initial)  C. TIM SCOTT FOR SENATE			Date of Disbursement	
			M M / D D /	YYYY
Mailing Address 1405 ASHLEY RIVER ROAD			02 20	2015
City CHARLESTON	State Zip Code SC 29407		Transaction ID : D16	4650
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disbu	sement this Period
Sen. Tim Scott		Category/ Type		1000.00
	ment For: 2016 Primary General Other (specify)	1,700		
State: SC District:				
SUBTOTAL of Disbursements This Page (optional)				3000.00
TOTAL This Period (last page this line number only	)			,

SCHEDULE B (FEC Form 3X)	Lies congrete schedule(s)		PAGE 53 OF 54	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	s) (check only one)		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten	nents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
Full Name (Last, First, Middle Initial)				
A. Turquoise PAC			Date of Disburser	nent
Mailing Address 1050 17th St NW			02 20	
Suite 590			02 20	2015
City	State Zip Code		Transaction ID :	D164623
Washington Purpose of Disbursement	DC 20036		Hallsaction ID	D 107023
Contribution		· · ·	Amount of Each [	Disbursement this Period
Candidate Name		Category/		4000.00
05		Type		1000.00
Office Sought: House Disbursen Senate	nent For:  Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
3.			Date of Disburser	
Mailing Address			M = M / D = I	/
City	State Zip Code			
Purpose of Disbursement				
·			Amount of Each [	Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Type	7	7
	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburser	nent
C.			M M / D I	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each I	Disbursement this Period
		Category/ Type		
Office Sought: House Disbursen	nent For:			7
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				1000.00
TOTAL This Period (last page this line number only)				40000.00

CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 54	
EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
	Detailed Summary Page		22 23 24 25 26 <b>x</b> 28a 28b 28c 29 30
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ny information copied from such Reports and State for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
Mr. John Ponthie			Date of Disbursement
Mailing Address 2723 Alvamar Dr.			02 18 2015
City	State Zip Code		Transaction ID : D164686
Shreveport	LA 71106		Transaction ID: D164686
Purpose of Disbursement Refund of 1/12/2015 Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburse	ment For:	Туре	
Senate Stagnic	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishar
			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	,
· H	ment For:		
Senate President	Primary General Other (specify) ▼		
State: District:	(opoon)/ •		
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Fulpose of Dispulsement			Amount of Each Disbursement this Period
			Alliquit di Lacii Disbuiscilletti tilis i endi
Candidate Name		Category/ Type	Allount of Each disbursement this Feriod
	ment For:	Category/ Type	Allount of Lacif Disbursement this Feriou
Office Sought: House Disburse Senate	Primary General	Category/ Type	Allount of Lacif Disbursement this Feriou
Office Sought:  House Senate President  Disburse		Category/ Type	Amount of Lacif Disbursement this Feriou
Office Sought: House Disburse Senate	Primary General	Category/ Type	Amount of Lacif Disbursement this Feriou
Office Sought:    House   Disburse     Senate   President     State: District:	Primary General Other (specify) ▼	Type	
Office Sought:  House Senate President  Disburse	Primary General Other (specify) ▼	Type	5000.00